

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DR</i>	<i>222/10</i>	<i>10/2/99</i>
O.I.P.E. CLASSIFIER		<i>14</i>	<i>10/1</i>
FORMALITY REVIEW	<i>ew</i>	<i>67479</i>	<i>10-10-99</i>

INDEX OF CLAIMS

BEST AVAILABLE COPY

Rejected
 Allowed
 Canceled
 Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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If more than 150 claims or 10 actions
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